

Filing Fee: \$150.00



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Division of Business Services
148 W. River Street
Providence, Rhode Island 02904-2615

LIMITED LIABILITY COMPANY

RECEIVED STATE
SECRETARY OF STATE
CORPORATIONS DIV
2019 JAN -4 PM 1:57

APPLICATION FOR REGISTRATION

Pursuant to the provisions of Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited liability company is:

PD Franchise NJ Management LLC

☐ This company has been duly organized in its state of formation as a low-profit limited liability company. (Check box if applicable)

2. The name, if different, under which it proposes to register and transact business in Rhode Island is:

First Response Restoration

3. The limited liability company is organized under the laws of NJ

4. The date of its organization is 11-4-16

5. The period of duration of the limited liability company is (if perpetual, so state) perpetual

6. The address of the limited liability company's resident agent in Rhode Island is:

450 Veterans Memorial Pkwy E. Prov. RI 02914
(Street Address, not P.O. Box) #301 (City/Town) (Zip Code)

and the name of the resident agent at such address is R.I. Builders Assoc
(Name of Agent)
Rhode Island Builders Association, Inc

7. The secretary of state is appointed the agent of the foreign limited liability company for service of process if at any time there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.

8. The address of any office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized is:

9. The mailing address for the limited liability company is:

250 Cape Hwy Unit 22
E. Taunton MA 02718

FILED 1:57

JAN 4 2019

BY MAX KW

10. Management of the Limited Liability Company (check one only):

A. The limited liability company is to be managed ☒ by its members. *(If you have checked this box, go to item No. 11 – DO NOT LIST ANY NAMES IN SECTION B.)*

or

B. The limited liability company is to be managed ☐ by one (1) or more managers. *(If the limited liability company has managers at the time of the filing of these Articles of Organization, state the name and address of each manager.)*

Manager

Address

11. This application is accompanied by a certificate of good standing duly authenticated by the secretary of state or other authorized officer of the jurisdiction under which the foreign limited liability company was organized.

12. The date this Application for Registration is to become effective, if later than the date of filing, is:

1-4-19

(not prior to, nor more than 30 days after, the filing of this Application for Registration)

Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: 1-4-19

PD Franchise Management LLC

Print Exact Name of Limited Liability Company Making Application

By

[Signature]
Signature of Authorized Person

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

PD FRANCHISE NJ MANAGEMENT LLC

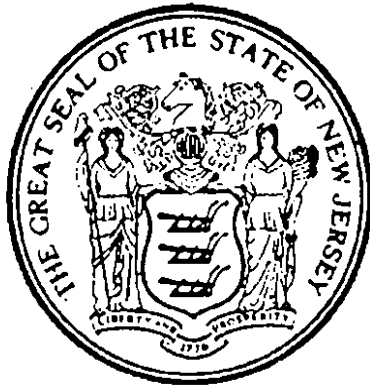
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I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on November 04, 2016.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

ELAINE KLEIN
850 BINGHAM ROAD
RIDGEWOOD, NJ 07450



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
2nd day of January, 2019*

Elizabeth Maher Muoio
State Treasurer

Certificate Number 6093941722

Verify this certificate online at

https://www1.state.nj.us:TYTR_StandingCertJSP/Verify_Cert.jsp